| AMENDMENT TRANSMITTAL LETTER   |                                 |                              |                                   |                  |         | Docket No.<br>BKR-25902/01 |  |
|--|---------------------------------|------------------------------|-----------------------------------|------------------|---------|----------------------------|--|
| Application No.  |                                 | Filing Date                  |                                   | Examiner         |         | Art Unit                   |  |
| 10/540,287   |                                 | June 20, 2005                |                                   | Not Yet Assigned |         | N/A                        |  |
| Applicant(s): Jeffrey Dennis Evemy   |                                 |                              |                                   |                  |         |                            |  |
| Invention: IMAGE DISPLAY SYSTEM  |                                 |                              |                                   |                  |         |                            |  |
| TO THE COMMISSIONER FOR PATENTS  |                                 |                              |                                   |                  |         |                            |  |
| Transmitted herewith is an amendment in the above-identified application.  |                                 |                              |                                   |                  |         |                            |  |
| The fee has been calculated and is transmitted as shown below.   |                                 |                              |                                   |                  |         |                            |  |
| CLAIMS AS AMENDED Claims Highest   |                                 |                              |                                   |                  |         |                            |  |
|  | Remaining<br>After<br>Amendment | Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate             |         |                            |  |
| Total Claims   | 70                              | - 90 =                       |                                   | x                |         |                            |  |
| Independent<br>Claims  | 7                               | - 10 =                       |                                   | ×                |         |                            |  |
| Multiple Dependent Claims (check if applicable)  |                                 |                              |                                   |                  |         |                            |  |
| Other fee (please specify): Extension for response within first month  |                                 |                              |                                   |                  |         | 60.00                      |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |                                 |                              |                                   |                  |         | 60.00                      |  |
| Large Entity  No additional fee is required for this amendment.  Please charge Deposit Account No. 07-1180 in the amount of \$                                   |                                 |                              |                                   |                  |         |                            |  |
| A duplicate copy of this sheet is enclosed.  |                                 |                              |                                   |                  |         |                            |  |
| A check in the amount of \$ to cover the filing fee is enclosed.   |                                 |                              |                                   |                  |         |                            |  |
| x Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge and credit Deposit Account No. 07-1180                         |                                 |                              |                                   |                  |         |                            |  |
| as described below. A duplicate copy of this sheet is enclosed.  |                                 |                              |                                   |                  |         |                            |  |
| x Credit any overpayment.  |                                 |                              |                                   |                  |         |                            |  |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                 |                              |                                   |                  |         |                            |  |
| /Douglas W. Sprinkle/ Dated:   |                                 |                              |                                   |                  | July 30 | , 2008                     |  |
| Attorney/Agent Reg. No.: 27,394  |                                 |                              |                                   |                  |         |                            |  |
| GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.<br>2701 Troy Center Drive, Suite 330<br>Post Office Box 7021<br>Troy, Michigan 48007-7021<br>(248) 647-6000 |                                 |                              |                                   |                  |         |                            |  |
|  |                                 |                              |                                   |                  |         |                            |  |